



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	2002213	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT FLO FABRIZIO							
Street Address	2617 POPLAR ST.							
City	ERIE	State	PA	Zip Code	16508			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/02	Year	2016	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	01/01/2017	12/31/2017	<p>2018 JAN 29 AM 10:08</p> <p>OFFICE OF THE CLERK OF THE COMMONWEALTH OF PENNSYLVANIA</p> <p>OK</p>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 13,938.21	
C. Total Funds Available (Sum of Lines A and B)		\$ 15,488.21	
D. Total Expenditures (From Schedule III)		\$ 6,004.19	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 9,484.02	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 2,416.73	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

22 day of January 20 18

Signature of Joseph Thomas Mayo, Notary Public

My Commission expires June 09, 2018

NOTARIAL SEAL

City of Erie, Erie County

Signature of Person Submitting report

Printed Name VICTORIA B. FABRIZIO

Area Code 814

Daytime Telephone Number 868-4033

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

22 day of January 20 18

Signature of Joseph Thomas Mayo, Notary Public

My Commission expires June 09, 2018

NOTARIAL SEAL

City of Erie, Erie County

Signature of Candidate

Printed Name Flo Fabrizio

Area Code 814

Daytime Telephone Number 868-4033

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	2002213		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250
All Other Contributions (Part B)		\$	0
Total for the reporting period		(2)	\$ 250
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	1,300
All Other Contributions (Part D)		\$	0
Total for the reporting period		(3)	\$ 1,300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,550

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		2002213									
											Amount
Full Name of Contributing Committee		ITC HOLDINGS CORP. PAC					Date [MM/DD/YYYY]		\$	250	
House #	201	Street Address		TOWNSEND St., Suite 900			Date [MM/DD/YYYY]		\$		
City	LANSING		State	MI	Zip Code	48933	Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]		\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number	2002213
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	0	
House #		Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	0	
House #		Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	0	
House #		Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	0	
House #		Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	0	
House #		Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	0	
House #		Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number

2002213

Full Name of Contributing Committee		STEAMFITTERS LOCAL UNION 449 PAC FUND			Date [MM/DD/YYYY]	09/26/2017	\$	300
House #	1517	Street Address	WOODRUFF ST.		Date [MM/DD/YYYY]		\$	
City	PITTSBURGH	State	PA	Zip Code	15220	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		ABBVIE PAC			Date [MM/DD/YYYY]	11/21/2017	\$	500
House #	1	Street Address	DEPT. 0312, Bldg. AP34-3 N. WAUKGEN RD.		Date [MM/DD/YYYY]		\$	
City	N. CHICAGO	State	IL	Zip Code	60064	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		UNITED HEALTH GROUP			Date [MM/DD/YYYY]	11/24/2017	\$	500
House #	701	Street Address	PA AVE. NW		Date [MM/DD/YYYY]		\$	
City	WASHINGTON	State	DC	Zip Code	20004	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	2002213
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	2002213
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

File Identification Number:	2002213
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 2002213									
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
								0
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State		Zip Code		
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
								0
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State		Zip Code		
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
								0
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State		Zip Code		
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
								0
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State		Zip Code		
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	2002213
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number		2002213					
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To Whom Paid		Committee to Elect PAWU D. PAOLO-Romeo, District Judge				Date (MM/DD/YYYY)	02/03/2017	\$	200
House #	PO	Street Address		Box 3026		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508	Host committee for Fund Raiser			

To Whom Paid		SWANSON FOP MEMORIAL LODGE # 48				Date (MM/DD/YYYY)	02/08/2017	\$	50
House #	4310	Street Address		IROQUOIS AVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16510	FOP BUNRAFFLE			

To Whom Paid		PA Sheriffs Assn.				Date (MM/DD/YYYY)	02/15/2017	\$	40
House #	2426	Street Address		N. 2ND ST		Description of Expenditure			
City	HARRISBURG	State	PA	Zip Code	17110	membership dues			

To Whom Paid		SHOOT ABOVE PAR, INC.				Date (MM/DD/YYYY)	02/15/2017	\$	220
House #	PO	Street Address		Box 8132		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16505	DONATION			

To Whom Paid		SISTERS of mercy				Date (MM/DD/YYYY)	02/19/2017	\$	20
House #	625	Street Address		ABBOTT Rd.		Description of Expenditure			
City	Buffalo	State	NY	Zip Code	14220	mercy march to Easter money calendars			

To Whom Paid		ERIE COUNTY DEMOCRATIC PARTY				Date (MM/DD/YYYY)	02/19/2017	\$	100
House #	PO	Street Address		Box 1184		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16512	Petition signing event			

To Whom Paid		ERIE COUNTY FOP LODGE 64				Date (MM/DD/YYYY)	03/05/2017	\$	100
House #		Street Address		PO BOX 8668		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16505	PROGRAM AD			

To Whom Paid		ST. PAUL R.C. CHURCH				Date (MM/DD/YYYY)	03/26/2017	\$	100
House #	1617	Street Address		WALNUT ST.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	Theme basket for ITALIAN FESTIVAL			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	200213
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To Whom Paid		SACRED HEART ALTAR SOCIETY				Date [MM/DD/YYYY]	\$	200
House #	816	Street Address		W. 26th		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	PRINTING COSTS FOR 50-50 TICKETS		
To Whom Paid		COMMITTEE TO ELECT CARL ANDERSON				Date [MM/DD/YYYY]	\$	100
House #	3830	Street Address		PARADE BVD.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	DONATION		
To Whom Paid		COMMITTEE TO ELECT TERESA STANKIEWICZ				Date [MM/DD/YYYY]	\$	50
House #	3926	Street Address		BECCA AVE.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	fund RAISER		
To Whom Paid		COMMITTEE TO ELECT GARY GRACK				Date [MM/DD/YYYY]	\$	50
House #	3317	Street Address		ELIOT Rd.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	fund RAISER		
To Whom Paid		PATRICK J. DiPAOLO MEMORIAL SCHOLARSHIP FUND				Date [MM/DD/YYYY]	\$	50
House #		Street Address		PO BOX 3073		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	OWNER TICKETS		
To Whom Paid		COMMITTEE TO ELECT JIM WISNARSKI				Date [MM/DD/YYYY]	\$	40
House #	1140	Street Address		E. 31st		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	fund RAISER		
To Whom Paid		ERIE - CRAWFORD COUNTY CENTRAL LABOR BANQUET				Date [MM/DD/YYYY]	\$	230
House #	32	Street Address		W. 8th, Ste. 604		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	PROGRAM AD/ BANQUET TICKETS		
To Whom Paid		ERIE COUNTY BASEBALL UMPIRES CHAPTER				Date [MM/DD/YYYY]	\$	100
House #	7241	Street Address		LEXINGTON RP.		Description of Expenditure		
City	GIRARD	State	PA	Zip Code	16417	CITY-COUNTY ALL-STAR BASEBALL GAME SPONSOR		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2002213
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To Whom Paid	PATRICK J. DIPABLO MEMORIAL Scholarship Fund				Date [MM/DD/YYYY]	\$	100
House #	Street Address				Description of Expenditure		
	PO Box 3073						
City	ERIE	State	PA	Zip Code	16508	GOLF TOURNAMENT HOLE SPONSOR	
To Whom Paid	HOLY TRINITY RE Church				Date [MM/DD/YYYY]	\$	200
House #	Street Address				Description of Expenditure		
	2220 REED ST.						
City	ERIE	State	PA	Zip Code	16503	ZABAWA PROGRAM AD	
To Whom Paid	HOLY TRINITY ushers Society				Date [MM/DD/YYYY]	\$	70
House #	Street Address				Description of Expenditure		
	2220 REED ST.						
City	ERIE	State	PA	Zip Code	16503	GUYS AND DOLLS TICKETS	
To Whom Paid	ERIE POLICE Athletic LEAGUE				Date [MM/DD/YYYY]	\$	100
House #	Street Address				Description of Expenditure		
	1001 State St., Ste. 1400						
City	ERIE	State	PA	Zip Code	16501	SPRING DINNER	
To Whom Paid	SONS OF LITTLE ITALY				Date [MM/DD/YYYY]	\$	100
House #	Street Address				Description of Expenditure		
	640 W. 17th						
City	ERIE	State	PA	Zip Code	16502	SUMMER GET-TOGETHER	
To Whom Paid	KATHY DAHLKEMPER COUNTY EXECUTIVE				Date [MM/DD/YYYY]	\$	100
House #	Street Address				Description of Expenditure		
	PO Box 528						
City	ERIE	State	PA	Zip Code	16512	FUND RAISER	
To Whom Paid	St. PAUL RC Church				Date [MM/DD/YYYY]	\$	50
House #	Street Address				Description of Expenditure		
	1617 WALNUT						
City	ERIE	State	PA	Zip Code	16502	ITALIAN FESTIVAL RAFFLE TICKETS	
To Whom Paid	ALZHEIMER'S ASSN.				Date [MM/DD/YYYY]	\$	25
House #	Street Address				Description of Expenditure		
	4223 FOUR SEASON'S TRAIL						
City	ERIE	State	PA	Zip Code	16506	WALK TO END ALZHEIMERS	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2002213
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To Whom Paid		Committee to Elect CARL ANDERSON			Date [MM/DD/YYYY]	\$	40
House #	3830	Street Address	PARADE BLVD.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	FUND RAISER	
To Whom Paid		ICE HOUSE GANG			Date [MM/DD/YYYY]	\$	100
House #	5136	Street Address	WOLF RUN VILLAGE LANE		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	PINNER	
To Whom Paid		SECOND HARVEST FOOD BANK OF NW PA			Date [MM/DD/YYYY]	\$	100
House #	1501	Street Address	GERMAN		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16507	DONATION	
To Whom Paid		WEGMAN'S			Date [MM/DD/YYYY]	\$	250
House #	6143	Street Address	PEACH ST.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	GIFT CERTIFICATES FOR SUMMIT SENIOR PICNIC	
To Whom Paid		COUNTRY FAIR			Date [MM/DD/YYYY]	\$	200
House #	3826	Street Address	PEACH		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	GIFT CERTIFICATES FOR SUMMIT SENIOR PICNIC	
To Whom Paid		WOLVES CLUB DEN VII			Date [MM/DD/YYYY]	\$	100
House #		Street Address	PO BOX 3172		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	PROGRAM AD	
To Whom Paid		MCKEAN/ EDINBORO VFW POST 740			Date [MM/DD/YYYY]	\$	50
House #	10613	Street Address	RTE. 99		Description of Expenditure		
City	EDINBORO	State	PA	Zip Code	16412	SPORTSMAN'S RAFFLE	
To Whom Paid		KENNETH J. GAMBLE, CLERK OF RECORDS COMMITTEE			Date [MM/DD/YYYY]	\$	80
House #	947	Street Address	W. 32ND		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	FUND RAISER	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2002213
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To Whom Paid		Committee to Elect Jerry Villalva			Date [MM/DD/YYYY]	\$	
					08/14/2017		30
House #	150	Street Address	E. 8th 2nd Flr.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	FUNDRAISER	
To Whom Paid		DR MICHAEL J. HOSU MEMORIAL FUND			Date [MM/DD/YYYY]	\$	
					08/26/2017		100
House #	459	Street Address	W. 6th		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16507	CHARITY Benefit	
To Whom Paid		FRIENDS to ELEGANT LAURE MIKIEFSKI			Date [MM/DD/YYYY]	\$	
					08/26/2017		50
House #		Street Address	PO BOX 39		Description of Expenditure		
City	McKEAN	State	PA	Zip Code	16426	FUND RAISER	
To Whom Paid		EARLY CONNECTIONS			Date [MM/DD/YYYY]	\$	
					08/30/2017		250
House #	200	Street Address	W. 11th		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	FUND RAISER	
To Whom Paid		COMMITTEE TO ELECT KATHY FATKA			Date [MM/DD/YYYY]	\$	
					08/31/2017		100
House #	4623	Street Address	Southern DR.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	FUND RAISER	
To Whom Paid		MOUNT St. Benedict Monastery			Date [MM/DD/YYYY]	\$	
					09/24/2017		50
House #	6101	Street Address	EAST LAKE RD.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16511	COMMUNITY OF LIFE PROGRAM	
To Whom Paid		COMMITTEE to Elect CARL ANDERSON			Date [MM/DD/YYYY]	\$	
					10/01/2017		50
House #	3830	Street Address	PARADE BLVD.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	FUND RAISER HOST COMM.	
To Whom Paid		Schember FOR MAYOR			Date [MM/DD/YYYY]	\$	
					10/01/2017		150
House #		Street Address	PO BOX 927		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	FUND RAISER	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2002213
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To Whom Paid		GUISEPPE MAZZINI ASSN.			Date [MM/DD/YYYY]	\$	100
House #	601	Street Address	PIN OAK DR.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	PROGRAM AD	
To Whom Paid		Committee to Elect CARL ANDERSON			Date [MM/DD/YYYY]	\$	60
House #	3830	Street Address	PARADE BLVD.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	FUND RAISER	
To Whom Paid		PUERTO RICO HURRICANE Relief FUND			Date [MM/DD/YYYY]	\$	100
House #	3503	Street Address	N.B ST.		Description of Expenditure		
City	Philade/phia	State	PA	Zip Code	19134	HURRICANE Relief	
To Whom Paid		ERIE POLICE Athletic LEAGUE			Date [MM/DD/YYYY]	\$	150
House #	1001	Street Address	State St. Ste. 1400		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	FUND RAISER	
To Whom Paid		Committee to Elect Jim WIWARSKI			Date [MM/DD/YYYY]	\$	25
House #	1140	Street Address	E. 31st		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	FUND RAISER	
To Whom Paid		ELKS LODGE 67			Date [MM/DD/YYYY]	\$	20
House #	2409	Street Address	PENINSULA DR.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	GUN RAFFLE TICKETS	
To Whom Paid		DR. GERTRUDE A. BARBER FOUNDATION			Date [MM/DD/YYYY]	\$	380
House #	100	Street Address	BARBER PLACE		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16507	CHRISTMAS BALL	
To Whom Paid		TIM HORTON'S			Date [MM/DD/YYYY]	\$	74.19
House #		Street Address	10th AND HOLLAND		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	REFRESHMENTS FOR PATHWAYS TO PARDON EVENT	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2002 2002213
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To Whom Paid		ERIE MAENNERCHOR CLUB			Date [MM/DD/YYYY]	\$	1,000.00
					11/04/2017		
House #	1601	Street Address	STATE ST.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	REFRESHMENTS for set out the VOTERALLY	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	2062213
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Name of Creditor					FLO AND VICKI FABRIZIO			Outstanding Balance of Debt	
House #	2617	Street Address	POPLAR ST.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 2,416. ⁷³		
City					ERIE	State	PA	Zip Code	16508
Description of Debt									
LUMW TO committee to Elect FLO FABRIZIO									
Name of Creditor								Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City						State		Zip Code	
Description of Debt									
Name of Creditor								Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City						State		Zip Code	
Description of Debt									
Name of Creditor								Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City						State		Zip Code	
Description of Debt									
Name of Creditor								Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City						State		Zip Code	
Description of Debt									